

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- The attached application, or
- Application No. , filed on
- as amended on if applicable);

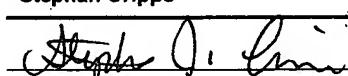
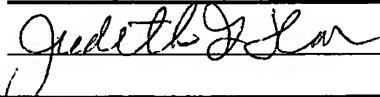
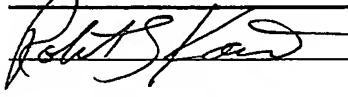
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**Full Name of Inventor(s)**

Inventor 1	Michael Collins	
Signature		Citizen of <u>US</u>
Inventor 2	Stephan Cripps	
Signature		Citizen of <u>US</u>
Inventor 3	Judith Deal	
Signature		Citizen of <u>US</u>
Inventor 4	Robert Steven Kania	
Signature		Citizen of <u>US</u>
<input checked="" type="checkbox"/> Additional inventors are being named on		

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- The attached application, or
- Application No. , filed on
- as amended on if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)

Inventor 5 Jihong Lou

Signature

Citizen of P.R. China

Inventor 6 Mingying He

Signature

Citizen of P.R. China

Inventor 7 Cynthia Louise Palmer

Signature

Citizen of US

Inventor 8 William Henry Romines III

Signature

Citizen of US

Additional inventors are being named on

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- The attached application, or
- Application No. , filed on
- as amended on if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**Full Name of Inventor(s)**

Inventor 9

Ru Zhou

Signature

Citizen of P.R. China

Additional inventors are being named on

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Michael Collins
Title	BENZOFUSED HETEROZYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

\*28940\*

OR

 Practitioners named below:

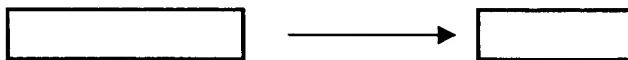
Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name

Judith Deal

Signature

Date

June 10 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Michael Collins
<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
<b>Group Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

→ \*28940\*

**OR** Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.**OR** Practitioners at Customer Number

→

→

**OR** Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name Robert Steven KapiaSignature Robert Steven KapiaDate June 4th, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	Michael Collins
	Title	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

→ \*28940\*

OR

 Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

→

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**Name Jihona LouSignature Tur LouDate June 3rd, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	To be assigned
	<b>Filing Date</b>	Herewith
	<b>First Named Inventor</b>	Michael Collins
	<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
	<b>Group Art Unit</b>	To be assigned
	<b>Examiner Name</b>	To be assigned
	<b>Attorney Docket Number</b>	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

\*28940\*

OR

 Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

→

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**Name Minavina HeSignature Minavina HeDate June 4th 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

**POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Michael Collins
<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
<b>Group Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

\*28940\*

OR

 Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**Name *Cynthia Louise Palmer*Signature *Cynthia L. Palmer*Date *June 4, 2003*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Michael Collins
<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
<b>Group Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

→ \*28940\*

**OR** Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.**OR** Practitioners at Customer Number

→

→

**OR** Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name William Henry Romines III

Signature *William H. Romines III*

Date 6/4/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

**POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Michael Collins
<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
<b>Group Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	PC19103A19103A

I hereby appoint:

 Practitioners at Customer Number

28940

\*28940\*

OR

 Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Ru Zhou

Signature

Date

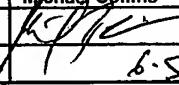
5 June 4th, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	To be assigned																								
	<b>Filing Date</b>	Herewith																								
	<b>First Named Inventor</b>	Michael Collins																								
	<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE																								
	<b>Group Art Unit</b>	To be assigned																								
	<b>Examiner Name</b>	To be assigned																								
	<b>Attorney Docket Number</b>	PC19103A																								
I hereby appoint: <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">28940</span> → <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">*28940*</span> <i>OR</i> <input type="checkbox"/> Practitioners named below: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Name	Registration Number																						
Name	Registration Number																									
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.																										
Please change the correspondence address for the above-identified application to: <input type="checkbox"/> The above-mentioned Customer Number. <i>OR</i> <input type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px; margin-left: 20px;"> </span> → <span style="border: 1px solid black; padding: 2px; margin-left: 20px;"> </span> <i>OR</i>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip</td> <td style="width: 40%;"></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td style="width: 15%;">Fax</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name				Address				Address				City	State	Zip		Country				Telephone	Fax		
<input type="checkbox"/> Firm or Individual Name																										
Address																										
Address																										
City	State	Zip																								
Country																										
Telephone	Fax																									
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>																										
<b>SIGNATURE of Applicant or Assignee of Record</b>																										
Name	Michael Collins																									
Signature																										
Date	6-5-2003																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																										
<input checked="" type="checkbox"/> *Total of <b>9</b> forms are submitted.																										

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box → +

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Michael Collins
<b>Title</b>	BENZOFUSED HETEROZRYL AMIDE DERIVATIVES OF THIENOPYRIDINES USEFUL AS THERAPEUTIC AGENTS, PHARMACEUTICAL COMPOSITIONS INCLUDING THE SAME, AND METHODS FOR THEIR USE
<b>Group Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	PC19103A

I hereby appoint:

 Practitioners at Customer Number

28940

\*28940\*

OR

 Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number

OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Stephan Cripps
Signature	
Date	June 4th, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC